

DVOP/LVER GRANT REVIEW CHECKLIST

State _____

Date _____

The fiscal year (FY) 1998 DVOP/LVER Grant Application checklist is to be completed by VETS reviewers with an "X" in the appropriate "yes" or "no" column or an "N/A" in the remarks section for those items that do not apply. The DVET is to complete Section A and the RAVET is to complete Section B. A remarks column is provided for comments regarding the answer selected. Pay special attention to **bold-faced**, CAPITALIZED and/or underlined words and phrases before answering the question. The word **(REQUIRED)** in parentheses indicates the information requested **MUST** be provided or the Grant Application **CANNOT BE APPROVED**.

REVIEW ITEMS	YES	NO	REMARK
SECTION A - DVET REVIEW			
I. <u>DOCUMENTATION:</u>			
<p>The Grant Application must contain the following documents, as required. If your answer to any required item listed in this subsection is NO, the Grant cannot be approved and the item must be obtained from the SESA prior to submission to the RAVET.</p>			
1. Transmittal letter (REQUIRED)			
2. Signed Standard Form 424 (REV 4-88) (See Enclosure III) (REQUIRED)			
3. State Allocation Request (SAR) (See Enclosure IV.A.) (REQUIRED)			
4. DVOP/LVER Staffing Directory (REQUIRED)			
5. Signed Assurances and Certification Signature Page (See Enclosure VI) (REQUIRED)			
6. SESA's budget narrative (REQUIRED)			
7. DVOP Out-station Waiver request (If applicable)			
II. <u>TRANSMITTAL LETTER</u>			
1. Does the letter indicate that the individual whose name appears on the application and certification forms is authorized to enter into this agreement with the USDOL? (REQUIRED)			
2. Does the letter contain narrative justifications or descriptions as required by the SGA? (IF APPLICABLE)			

REVIEW ITEMS	YES	NO	REMARKS
<p>III. <u>STANDARD FORMS 424 (SF 424), APPLICATION FOR FEDERAL ASSISTANCE:</u></p> <p>NOTE: The SF 424 must be letter perfect. If there are ANY errors or omissions on the form, it MUST be returned to the Grant Applicant for correction PRIOR to submittal to the RAVET.</p> <ol style="list-style-type: none"> 1. Is the date entered in Item #2 August 15, 1997 or earlier? 2. Is the legal name and proper mailing address, <u>including the county</u>, entered in Item 5? 3. Is the "Organizational Unit" (e.g., SESA, Job Service Division, etc.) and the name and telephone number of a contact person included in the space provided in Item 5? 4. Is the IRS Employer Identification number provided in Item 6? 5. Is the letter "A" entered in the box in Item 7 for all States OR is the letter "N" entered in the box in Item 7 for Puerto Rico, the District of Columbia, and the Virgin Islands? <p><u>NOTE:</u> If used, the Standard Form 424 in the SGA has Items 7-13 completed by VETS for the States.</p> <ol style="list-style-type: none"> 6. Is the "[] New" block, AND ONLY THE "[] New" BLOCK, checked in Item 8? 7. Is "USDOL, Veterans' Employment and Training Service" entered in Item 9? 8. Are the numbers 17-801 and 17-804 inserted in the blocks in Item 10, Catalog of Federal Domestic Assistance Number and is "DVOP/LVER Grant Programs" entered in Item 10 next to "Title?" 9. Does Item 11 have the term "Disabled Veterans' Outreach Program (DVOP) and Local Veterans' Employment Representative (LVER)" entered? 			

REVIEW ITEMS	YES	NO	REMARKS
SECTION A - DVET REVIEW (continued)			
10. Does Item 12 contain the term "Statewide" or the name of the entity (Puerto Rico, the District of Columbia, or the Virgin Islands, if applicable) applying for the Grant?			
11. Item 13, "Start Date" should be October 1, 1997 and "Ending Date" should be September 30, 1998. Are these entries correct?			
12. Is the Federal Congressional District # for the capital city (<u>OR</u> SESA headquarters operating city) identified in Item 14a and is the term "Statewide" (Puerto Rico, the District of Columbia, or the Virgin Islands, if applicable) entered in Item 14b?			
13. Is the total funding requested IDENTICAL in Items 15a and 15g?			
14. Is the proper entry made in Item 16 for the Single Point of Contact (SPOC) under E.O. 12372?			
15. Is Item 17, Certification for Non-Delinquency checked "No" and, if not, is there an attached explanation?			
16. Is the signature on the SF 424, Item 18d, that of the authorized representative of the Grant Applicant as indicated in the Transmittal Letter?			
<u>IV. STATE ALLOCATION REQUEST (SAR), (See Enclosure IVA of the SGA)</u>			
1. Are the entries for "State" and "Date Prepared" included?			
2. Is the amount reported on Line 5, Column "Total Requested," the same amount reported on Lines 15a and 15g of the SF 424?			
3. Do all fiscal entries, EXCEPT COST PER STAFF YEAR (CPSY) on Line 8, represent thousands of dollars as rounded (e.g., \$367,124 is reported as 367)?			
4. Are percentages rounded to two decimal places (e.g., 47.42%)?			

REVIEW ITEMS	YES	NO	REMARKS
SECTION A - DVET REVIEW (continued)			
<p>5. Are the sums of lines (PS) and (PB) correctly entered on line (PS+PB)?</p> <p>6. Is there a deviation in the PS+PB to Total Amount ratio (Line 7) that is less than the five year average? If NO, go to #7.</p> <p>--Does the grantee provide adequate justification with financial backup for this deviation? (REQUIRED)</p> <p>--Did the grantee provide adequate justification for their request for an exception to the five year average? (If applicable)</p> <p>7. Are a greater number of DVOP Specialists and/or LVER staff requested than are authorized (See SGA Enclosure I)?</p>			
V. DVOP/LVER STAFFING DIRECTORY:			
<p>1. DVOP/LVER Directory of LESO and Out-station Locations.</p> <p>a. Has a directory identifying the number of full-time and half-time LVERs in each location and the number of DVOP staff in each local Job Service office been included with the Grant Application? (REQUIRED)</p> <p>b. Is an LVER position assigned to the central office?</p> <p>If so, is it included in the directory? (REQUIRED)</p> <p>c. Are current DVOP/LVER vacant positions identified? (REQUIRED)</p> <p>2. DVOP stationing in other than Job Service offices.</p> <p>a. Does the list or the staffing directory indicate the number of DVOP staff with out-station responsibilities, the location of out-station sites and the number of hours per WEEK each is assigned? (REQUIRED)</p>			

REVIEW ITEMS	YES	NO	REMARKS
SECTION A - DVET REVIEW (continued)			
<p>b.. Are the number of DVOP staff hours in out-station locations equal to or greater than 25% of the total number of WEEKLY hours available to all DVOP staff in the directory?</p> <p>If "Yes," you may skip Items 3.a. through 3.g.</p> <p>3. DVOP Staff Out-station Waiver Request.</p> <p>a. Is there an explanation regarding the lack of productive sites for the out-stationing of DVOP staff?</p> <p>b. Has the Department of Veterans Affairs (VA) been consulted regarding the DVOP out-stationed sites? (REQUIRED)</p> <p>If not, is the necessary coordination being attempted?</p> <p>c. Are DVOP staff being assigned to facilitate workshops at Transition Assistance Program (TAP) sites?</p> <p>d. Are all TAP sites fully staffed with facilitators? If "Yes," you may skip Item 3.d.</p> <p>e. Are 5% or more of the aggregate DVOP/LVER time charges being used to support the TAP programs?</p> <p>f. Are DVOP staff being assigned to VR&C Centers?</p> <p>g. Are all VR&C Centers staffed with DVOP Specialists?</p> <p>h. Is the waiver request recommended for approval?</p> <p>VI. PROCUREMENT REQUESTS:</p> <p>1. Are there any requests for capital expenditures with a unit cost equal to or in excess of \$5,000.00?</p>			

REVIEW ITEMS	YES	NO	REMARKS
SECTION A - DVET REVIEW (continued)			
2. Is the justification for the expenditures reasonable?			
3. Are requests requiring Capital Expenditures equal to or in excess of \$5000.00 recommended for Grant Officer approval? (REQUIRED)			
VII. DVET RECOMMENDATION			
Do you recommend approval of this grant application? (Address comments in a transmittal memo or in remarks.)			
SECTION B - RAVET REVIEW			
I. DVET ANALYSIS AND TRANSMITTAL LETTER/MEMO			
1. Approval/disapproval of grantees request for capital expenditures with a unit cost equal to or in excess of \$5,000.00 included?			
2. Approval/disapproval of any waiver requests included?			
If approved, indicate the kind of waiver approved and attach a copy of the RAVET's approval letter.			
3. Statement certifying the signatory's status as an authorized representative of the Grant Applicant?			
4. Concurrence/non-concurrence with grantee's justification for PS+PB rate variance?			
5. Recommendation for approval of application on the checklist and transmittal letter/memo?			
II. GRANT PROPOSAL			
1. Are the amounts on the SAR calculated correctly?			
2. Are the total DVOP/LVER funds on lines 15a. and 15g. on the SF 424 IDENTICAL to the amounts on Line 5 of the SAR?			
3. Was a signed certification signature page submitted?			

REVIEW ITEMS	YES	NO	REMARKS
SECTION B - RAVET REVIEW (continued)			
<p>4. Was there a variance that was less than the five year average percentage of PS+PB?</p> <p>If so, was an adequate explanation provided by the Grant Applicant? (REQUIRED)</p> <p>Did the DVET concur?</p> <p>Do you concur with the DVET'S recommendation regarding the PS+PB percentages?</p>			
<p>5. Is a waiver request for DVOP out-stationing attached? (If NO, go on to #6.)</p> <p>If so, was the VA contacted regarding the coverage of VR&C and areTAP sites adequately covered?</p> <p>If so, do you approve the waiver request?</p> <p>Copies of the RAVET's waiver approval letter to the Grant Applicant MUST be attached. (REQUIRED)</p>			
<p>6. Did the DVET note any problems or variances that were not corrected or adequately explained when completing his/her review?</p>			
<p>7. Are there ANY omissions, discrepancies or pen and ink changes on the Grant Application?</p> <p>If so, briefly explain here and in your Transmittal Letter.</p>			
III. RAVET RECOMMENDATION:			
<p>Do you recommend approval of this proposal?</p>			
IV. DISTRIBUTION			
<p>Attach this checklist to <u>ALL</u> original grant documents and send them to the Chicago RLC via overnight mail to arrive no later than COB, September 2, 1997. Thank you.</p>			

